

CENTRAL DISTRICT HEALTH DEPARTMENT



Commitment...

...TO PREVENT & TREAT
DISEASE & DISABILITY

...TO PROMOTE
HEALTHY LIFESTYLES



...TO PROTECT & PROMOTE
THE HEALTH AND QUALITY
OF OUR ENVIRONMENT



ANNUAL
REPORT
2001

ANNUAL REPORT

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ANNUAL REPORT

MESSAGE FROM THE DIRECTOR



Friends and Citizens:

It is my privilege to present Central District Health Department's 2001 Annual Report to you. As you'll see, our focus in the past year has been COMMITMENT—to five major health-related goals in the four counties we serve.

In the next few pages, you'll note the progress we have made, and become acquainted with the wide range of services we provide to the people of Ada, Boise, Elmore and Valley Counties. Although the descriptions are brief, you will see clearly how we live and work in the "here and now," but always manage to have one eye on the future. That is, we must balance the incredible demand for services today, with the need to anticipate the public health priorities of tomorrow.

It would perhaps be easy to focus on the challenges of the past year. But instead, we ask that you help us celebrate CDHD's successes. They are all the result of staff members and volunteers daring to think differently, to try new approaches, to push themselves to accomplish more with limited resources. In this report, you will meet just a few of these fine individuals. Their commitment to serve—their good-natured flexibility, professionalism and enthusiasm—represent the energy that pulses through this organization.

As always, we expect YOU to hold us to the highest standards of practice. So we value your comments, and would appreciate hearing from you about what you read in this report. Thank you for spending the time to take this closer look at Central District Health Department.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy G. Holley". The signature is fluid and cursive.

Kathy Holley
Director

*Unless a commitment is made, there are
only promises and hopes, but no plans.*

- Peter F. Drucker

CDHD's COMMITMENT: *To ensure that our organization has the infrastructure to effectively provide essential public health services.*

ANNUAL REPORT INFRASTRUCTURE

CDHD has invested heavily in technology and communication, and in 2001 we saw the rewards of this commitment to infrastructure. Here are just a few examples:

Website: Each CDHD department is now represented on our Internet Website, www.cdhd.org. The site receives an average of 1,800 "hits" per day, and the typical visitor stays about 15 minutes. Here, visitors can view health headlines from Idaho and around the world; sign up for distance learning programs, videoconferences and more.

Distance Learning: This is an extremely cost-effective way to disseminate important training and health information from national and local sources, and CDHD hosted more than 40 training events by satellite downlink in 2001. These programs were attended by over 300 participants from throughout the community. Topics ranged from immunizations and HIV/AIDS, to food safety and bioterrorism. Our Distance Learning Coordinator Scott Cantor (also our Webmaster and Senior Network Analyst) earned national recognition for his technical expertise from the Centers for Disease Control.

Media Relations: Our news releases and monthly "Here's to Your Health" features are sent to approximately 80 individuals at a variety of radio and television stations and newspapers, and are also posted on our website.

Communications Upgrades: A \$16,400 grant from the Health Alert Network allowed us to upgrade phone lines and desktop fax capabilities. Additionally, the district now has two pagers for use as part of the state emergency communications system. We have also developed a sophisticated data management system for our Environmental Health Division. This new software allows for storage, quick retrieval and analysis of data in these areas:

- Food safety inspections
- Swimming pools
- Child care facilities
- Septic system installers and clean-out firms

Data can now be tracked by subdivision, or even land parcel, giving CDHD greater ability to make sound, science-based decisions about environmental health issues.

Physical Facilities: The Family Planning area at CDHD headquarters got a complete remodel in 2001. In the past year, Family Planning Coordinators from all seven Districts have met on a regular basis to share efficiency measures, streamline policies and procedures and decrease the cost of providing services. Among the measures implemented in District Four was a redesign of the Family Planning clinic. The remodel is expected to increase our ability to serve our customers in a cost-effective manner while

promoting increased patient satisfaction. We also created an on-site Training Lab, where up to six CDHD employees can be guided simultaneously through computer and phone/voicemail basics. More than 100 classes were *offered in 2001!*

If we did all the things we were capable of doing, we would literally astound ourselves.

- Thomas Edison

Surveillance: Monitoring health care issues requires intense planning, cooperation and communication. In 2001, CDHD's role in the Ada County/Boise City Local Emergency Planning Committee (LEPC) became more prominent. The tragic events of September 11 shifted the committee's focus toward bioterrorism, and the partnerships necessary between agencies to address these new types of threats. To that end, CDHD is also working with St. Alphonsus Regional Medical Center in Boise to track information on emergency room visits, in a "Syndromic Surveillance Program." CDHD analyzes the data supplied by the hospital for trends and unusual "spikes" in certain symptoms that may be the earliest indicators of illness outbreaks or bioterrorism. This program will be expanded to include other hospitals' data in 2002 and beyond.

All of these efforts point to a single focus: ensuring that CDHD has the ability and systems in place to respond to emergencies and to gather and disseminate up-to-the-minute health information.

JENNIFER BAKER

EMPLOYEE PROFILE

If there's a class going on in the CDHD Training Lab, it is probably being taught by Training Specialist Jennifer Baker. The on-site classroom has been outfitted with half a dozen computers hooked to a teaching computer. That's where Jennifer teaches CDHD employees everything from Microsoft Office® applications, to performance appraisal and immunization-related software.

"We've found that it has saved us quite a bit of money not having to send people outside the agency for training," says Jennifer. "And with small classes that last only two hours, people retain more and find them easier to fit into their schedules."

Jennifer also assists health care or childcare providers with questions about computer programs. "I love being able to get through to somebody who swears that they can't use a computer!" Jennifer adds. "One of our goals is to improve our infrastructure, and that means making sure our work force is better trained. It always makes me feel good when I've made a person feel a little less afraid, and given them a little bit more empowerment to do their job without having to rely on somebody else."



CDHD's COMMITMENT: *To increase children's immunity rate from birth to age two with a timely and well-organized immunization program.*

ANNUAL REPORT IMMUNIZATIONS

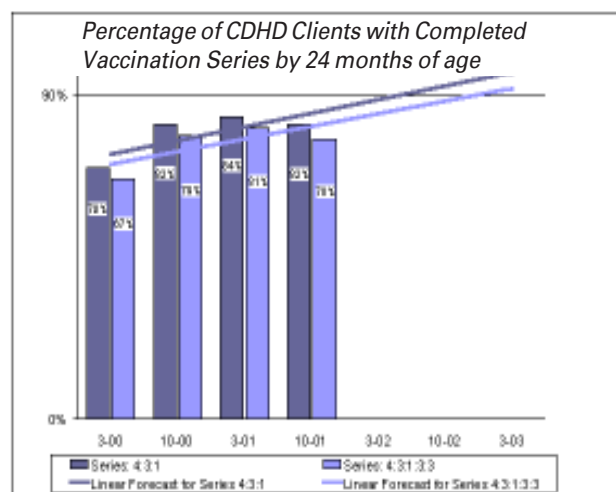
Protecting District 4's children from debilitating and deadly illnesses by immunizing them sounds like a simple goal, but it requires an intensive, multi-pronged approach that reaches far beyond the vaccinations themselves. Educating and motivating parents is a critical factor, since they must make time for five clinic visits to keep a toddler's vaccination schedule current.

In 2001, Idaho implemented an Immunization Reminder Information System (IRIS), a registry that reminds parents to vaccinate, then makes a child's vaccination history available to health care providers. CDHD had already maintained our own registry for District 4, so we were well prepared for the transition to IRIS. A tremendous amount of our staff time was spent this year helping private providers with system support and data entry skills. At year's end, an encouraging 62 percent of District 4 providers are participating in the IRIS program, due largely to our assistance and expertise. We continue to serve as a resource to them.

In 2001, CDHD continued to offer free early childhood immunizations in our four-county area to all children from birth to age two. We increased our clinic operating hours to include some evenings. We work closely with the Women, Infants and Children (WIC) program. To publicize our services, and the need for immunization in general, we participate in health fairs; speak to community groups, schools, child care and health care providers; publish a quarterly newsletter that we send to District 4 medical providers, schools and childcare providers; and of course, we mail reminders to all parents of children 3 years old and younger in the IRIS database who are clients within District 4.

These efforts are paying off. In District 4, 75 percent of children under age three have received at least three series of important vaccinations (DTap, polio and Mumps/Measles/Rubella).

The national "Healthy People 2010" goals for the U.S. include 95 percent enrollment in an Immunization Registry for children under age six, and 80 percent total vaccination rate for children under age two by the year 2010. In Idaho, District 4 is well on its way to meeting these goals.



FLORINE JONES

“When I came to work at Central District Health Department, I thought I’d probably only work a couple of years,” laughs Florine Jones. “That was 18 years ago! I like the people here so much, and I admire their level of caring about the clients. So...I’m still here!”

Florine’s job as a Technical Records Specialist II involves checking and re-checking incoming immunization records for accuracy, and improving CDHD’s record-keeping processes. Before that, she worked at the front counter of the Boise immunization clinic as a customer service representative. With vaccination services provided to children, adults and overseas travelers, she says the clinic is always busy.

There are a lot of different vaccination requirements Florine must be knowledgeable about. One very important aspect of Florine’s job is assisting with CASA (clinical assessment software application) reports. CASA is a relational database assessment tool developed by the National Immunization Program. Analysis of CASA reports is a method of pinpointing specific problems, thereby allowing us the opportunity to improve clinical practice and immunization coverage. “The main thing I have realized over the years here is that the purpose of immunization really is important,” says Florine, “and I am glad to be part of providing that.”



My satisfaction comes from my commitment to advancing a better world.

- Faye Wattleton

CDHD's COMMITMENT: *To promote basic public health interventions that directly affect food and water safety and impact the spread of disease.*

ANNUAL REPORT INTERVENTION

Healthy people require a healthy environment, which is a broad-reaching responsibility for CDHD that includes health-related inspections.

The methods we will use in the future to inspect and assess the safety of restaurants and foodservice facilities are changing. In September of 2001, CDHD signed a formal agreement with the U.S. Food and Drug Administration (F.D.A.) to participate in a new assessment system, called the Voluntary National Retail Food Regulatory Program Standards.

Our highly qualified staff of inspectors is no longer dependent on a standard 44-item checklist to report their findings. Instead, they will inspect a facility for items and conditions that make the most difference in reducing foodborne illness risks.

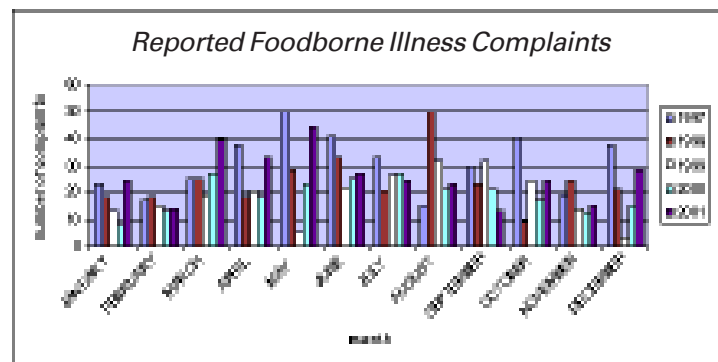
According to the F.D.A., the primary causes of foodborne illness are:

- Food from unsafe sources
- Foods that are inadequately cooked
- Improper holding temperatures
- Contaminated equipment
- Poor employee hygiene

Over the past three years, CDHD has observed these five critical conditions in 62 percent of its inspections, making us a perfect partner for this new program. The new approach also fits well with our ongoing emphasis on partnerships: between CDHD and the F.D.A., and CDHD and the foodservice industry. A major focus of our inspectors' effort is to share expertise with food purveyors and handlers to foster "active managerial control" of food safety and sanitation.

Another important part of the National Retail Food Regulatory Program is a self-assessment and goal-setting function. There are standards to be set and monitored in these nine areas:

- Regulatory Foundation
- Staff Training
- Foodborne Illness Investigation
- Uniform Inspection
- Industry Recognition
- Compliance and Enforcement
- Hazard Analysis Critical Control Point (HAACP) Principles
- Program Assessment



CDHD food program staff members are responsible for assessment and strategic planning in these areas, a process which began in 2001 and will continue through 2002.

CAROL JOHNSON

Any restaurateur in downtown Boise knows Carol Johnson. As an Environmental Health Specialist, she is their link to CDHD as well as to the City of Boise's Plan Check Department and Special Events Committee.

"Carol is great! She carries a great smile, builds a relationship with the restaurant and is protective of the public health", says Max Mohammadi, owner of longtime Boise eatery The Cazba. "All restaurateurs have an obligation to protect the public and keep the standards of the state high."

Carol's expertise in food safety is partly the result of her master's degree in biology, but also from her 13 years with CDHD.

"My favorite part of the job is assisting people who want to start a restaurant," Carol says. "I get to see it take shape, from blueprint to opening. I like seeing dreams come true."

Carol also enjoys the variety of special events in Boise that feature food booths and mobile kitchens. All of these require temporary permits or permanent licenses from CDHD, which means on-site inspections.

"From May to September, there's something going on every weekend!" she says.



*He who has done his best for his own time
has lived for all times.*

- Johann Von Schiller

CDHD's COMMITMENT:*To promote responsible sexual behavior.***ANNUAL
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SEXUAL HEALTH

Sexual health is part of the overall human health picture, and for agencies like CDHD, this includes dealing with controversial issues like unintended pregnancy and sexually transmitted diseases (STDs). The areas of concern in District 4 have prompted these goals:

- 1) Reduce pregnancies among adolescents.
- 2) Reduce the rate of young people (ages 15-24) with chlamydia.
- 3) Increase the proportion of adolescents who abstain from sex or, if they are sexually active, use condoms.

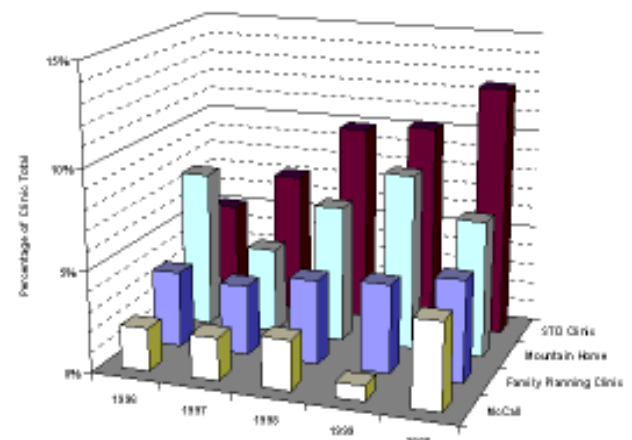
Our work involves a number of important outreach efforts, including education specifically to teens and young men about abstinence and/or their eventual role as responsible sexual partners; and similar efforts to reach high-risk populations with family planning options: the homeless, non-English speaking residents, substance abusers, etc.

Chlamydia trachomatis is a common and persistent form of urethritis, a treatable venereal disease that affects both men and women. It often goes undiagnosed and unreported, but 2001 brought renewed efforts to track and treat this problem.

District 4 continues to have a higher rate of chlamydial infections than the rest of Idaho, or the U.S., and CDHD endeavored to find out why. We discovered that our own good record keeping may be part of the reason cases in our region appear to be higher, especially when private medical providers often simply treat the symptoms without performing a laboratory test for chlamydia. Also, there are several new and more accurate medical diagnostic tests for this infection, so it is more likely to be detected now than five years ago.

The advancements in testing technology, and an effort to improve reporting in both public and private clinics, should mean better data in future years about the true incidence of chlamydial infections.

*Percentage of Positive Chlamydia Tests by Clinic
District 4, 1996-2000*



LORRAINE FORTUNATI

"We offer good quality care in a confidential setting that people perceive as friendly and knowledgeable," says Lorraine Fortunati, a 17-year employee of CDHD.

In that time, Lorraine has been a public health nurse and home health care provider; she worked in a prenatal care program for high-risk women, and is now a Nurse Practitioner specializing in Women's Health.

"I enjoy the clients I see and people I work with," says Lorraine. "We are wellness-oriented, and our clients look to us for a lot of their health education needs. When we work with people one-on-one, in a small way we are actually helping the whole community be healthier—and that makes you feel good."

A typical day for Lorraine includes counseling both women and men on a variety of reproductive health issues, doing wellness checks and annual physicals, testing for infections and so on.

"People don't usually make lifestyle changes all at once," observes Lorraine, "But over time, you keep adding more nuggets of information and more encouragement, and maybe they stop smoking, or choose to delay a pregnancy until they've met some of the goals that they have in life. So yes—you do make a difference."



*We would rather have one man or woman
working WITH us than three merely working
FOR us.*

- J. Dabney Day

CDHD's COMMITMENT: *To improve the access to comprehensive, high-quality health care services for District 4 Residents.*

ANNUAL **REPORT** ACCESS TO HEALTH CARE

CDHD directly delivers many primary care services to our constituents. We also constantly assess the availability of, and the need for, health-related services in the communities we serve. This includes making recommendations for care improvements, and seeking funding to defray the costs of medical and dental care and nutrition for low-income Idahoans in District 4.

To get up-to-date data, and to assure that primary care services are provided, we work with a wide network of other organizations—some are businesses, some government-related, and some are volunteer groups. These include “Community Count,” the Community Justice Program, and the Search Institute’s “Youth Assets Evaluation” program, and many more.

We tailor most of the services we provide to specific groups with special needs. In 2001, these included:

Women: Our family planning clinics offer lifelong, affordable gynecologic care, using nurse practitioners. Women can come to CDHD for breast exams and mammograms, Pap tests, pregnancy testing and referral, sexually transmitted disease diagnosis and treatment, HIV antibody testing and counseling. (For men, we also perform vasectomies.) The Women’s Health Check program provides free annual breast exams, mammograms and Pap tests to low-income women between ages 50-64 who have no health insurance.

Children: The Women, Infants and Children (WIC) Program is offered to women who are pregnant or breast-feeding for up to 12 months after their babies are born, infants from birth to age one, and children ages one to five. WIC is a federally funded nutrition education program that provides supplemental food checks to income eligible families. We also offer safety education and car seats to families of infants.

Senior Citizens: The Senior Nutrition program provides healthful meals and nutrition education to people ages 60 and older. We partner with 10 meal sites in Ada and Elmore Counties to offer group meals. And, for those who are homebound and unable to prepare food, our Meals on Wheels program delivers almost 500 hot lunches each weekday. In 2001, we increased our efforts to have more meals delivered by volunteers, so that money is spent on food instead of paying for drivers and vehicle maintenance. More than 100 volunteers—from individuals to members of the Idaho Steelheads hockey team—deliver meals in seven communities. Meals on Wheels also undertakes two charitable fundraisers each year, a “Culinary Walkabout” and a golf tournament, to help meet our budget shortfall.

Together, meeting the basic health care needs of these three groups involves 37% percent of our total annual budget. The way health care is financed in Idaho is being evaluated with a Department of Commerce grant. The grant is federal money (from the U.S. Health Resources and Services Administration) earmarked to identify and describe Idaho's uninsured population, which now numbers 234,000. The study will also evaluate possible solutions and develop a comprehensive plan.

LALANI RATNAYAKE

EMPLOYEE PROFILE

As with most local health departments, CDHD staff members wear many hats! For instance, Lalani Ratnayake coordinates three areas: Abstinence Education, Oral Health and Tobacco Cessation.

Trained as a dentist in her native Sri Lanka, Lalani has been instrumental in developing partnerships to offer free or Medicaid-reimbursed dental services to low-income children, including free sealant and dental varnish programs.

In the areas of Abstinence Education and Tobacco Cessation, she most often works with at-risk teenagers. Lalani says the past five years have brought major changes, especially in the way Abstinence Education is viewed.

"At first, everybody thought it was a hot potato," she recalls. "Nobody wanted to take the challenge. It is totally different now! We've found that if we approach it differently—by building self-esteem and confidence, giving young people reasons and opportunities to learn leadership skills and be involved in their communities—it prevents them from becoming sexually active."

Lalani says she doesn't know which group she enjoys more—her fellow community health promotions employees at CDHD, or the teenagers she works with. "They are both really great teams," she says.



I am easily satisfied with the very best.

- Winston Churchill

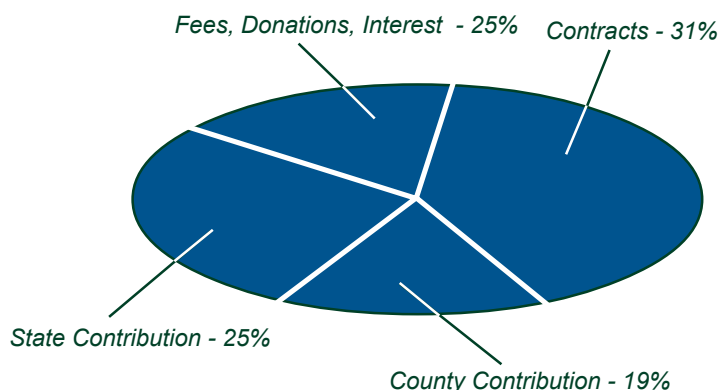
FY 01 FINANCIAL INFORMATION



Idaho has a unique system for delivering public health services to its residents. Seven independent public health districts cover all of Idaho's 44 counties. Multiple funding sources ensure all residents are offered preventive public health services, no matter how small or large their county population. As an independent government entity, Central District Health Department must maintain its own cash flow. The FY01 revenue and expense data, a report of our cash on hand and long term debt obligation, are listed below:

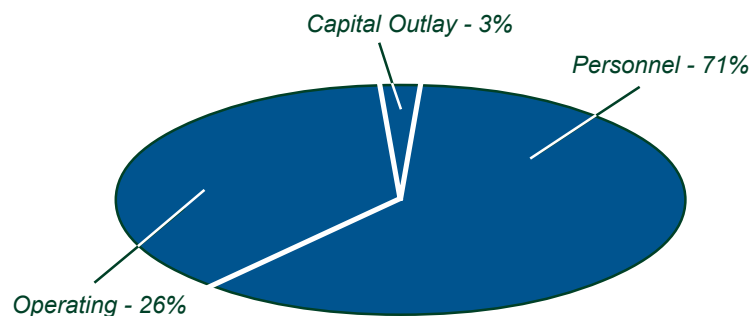
2001 Revenue

Contracts	2,492,688
State Contribution	1,943,872
Fees, Donations, Interest	1,954,793
County Contribution	1,519,744
Total Revenue	\$ 7,911,097



2001 Expenditures

Personnel	5,633,047
Operating	2,059,943
Capital Outlay	258,084
Total Expenditures	\$7,951,074



* Expenditures exceeded Revenue by \$39,977 (0.5%)

Long Term Debt Obligations

CDHD owns 3 buildings in Boise, Mountain Home and McCall. Only the Boise office has a mortgage.

• As of 6/30/01 \$242,657

Cash on Hand

Beginning Balance (7-1-00)	837,620
Plus: Cash Receipts	7,984,981
Less: Uses of funds	<u>(7,960,715)</u>
Ending Balance (6-30-01)	861,886
Less: Cash necessary for operating	(400,000)
Cash obligations & receivables	<u>(45,070)</u>
Ending Unrestricted Cash	\$416,816

Ending Unrestricted Cash
Designated As Follows:

Building Fund	270,000
Capital Projects FY01	<u>146,816</u>
	\$416,816

CDHD PROGRAM TEAMS PROVIDING HEALTH SERVICES IN DISTRICT 4

Division of Environmental Health Services

Food Safety, Childcare Inspections, Sewage and Solid Waste, Pools, Foodborne Illness Epidemiology, Water Quality, and Land Development

Division of Family Health Services

Women, Infant and Children Program (WIC), Child Safety and Health, Reproductive Health/Family Planning, Sexually Transmitted Disease Clinics, HIV Counseling & Testing, Maternal and Child Health, Immunizations, Infant/Toddler Programs and Nutrition Counseling

Office of Health Services for Seniors

Senior Nutrition Program including Congregate Meals, Home Delivered Meals (Meals on Wheels), and Community Volunteer Program

Office of Information Systems

Information Systems, Graphic Arts, Telecommunications, Applications Support and Training, and Web Site

Office of Epidemiology & Surveillance

Strategic Planning, Public Relations, Communicable Disease Epidemiology, Disease Surveillance, GIS, Tuberculosis Control, Refugee Program, HIV/STD Epidemiology and partner notification, Safety Net for AIDS Program (SNAP),

Office of Community Health Promotion & Education

Dental Screening, Diabetes Awareness, Child Car Seat Safety, Treasure Valley Safe Kids Program, Cancer and Injury Prevention, Tobacco Prevention Education, Adolescent Pregnancy Prevention, and Cholesterol Education

Division of Administrative Support Services

Financial Management, Purchasing, Contract Management, Boise-McCall-Mountain Home Buildings, State Vehicles

CDHD ADMINISTRATIVE TEAM

Director (327-8502)

Administrative Support Services (327-8508)

Human Resources (327-8503)

Management Assistant (327-8502)

Environmental Health Services (327-8520)

Family Health Services (327-8580)

Information Systems (327-8515)

Office of Epidemiology & Surveillance (327-8506)

Health Services for Seniors (327-8544)

Office of Community Health Promotion & Education (327-8546)

Kathy Holley, R.N.,B.S.

Maggie Owens, C.P.A.

Janet Peck, B.B.A.

Margaret Call

Tom Turco, M.S., E.H.S.

Cindy Trail, R.D., M.S.

Margaret Ross, B.S.

Dieuwke Spencer, R.N., E.H.S.

Angela Spain, R.D.

Nancy Rush, R.D., M.S., M.B.A.

*Individual commitment to a group effort—
that is what makes a team work, a company work, a society work, a civilization work.*

- Vince Lombardi -

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